

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-376)							SERIAL NO.	FILING DATE					
							APPLICANT(S)	10/07/0084					
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53		/				
4		/					54		/				
5		/					55		/				
6	/						56		/				
7		/					57		/				
8	/						58		/				
9		/					59		/				
10	/						60		/				
11		/					61		/				
12	/		/				62		/				
13		/					63		/				
14		/					64		/				
15	/						65		/				
16		/					66		/				
17	/						67		/				
18		/					68		/				
19		/					69		/				
20	/		/				70		/				
21	/		/				71		/				
22	/		/				72		/				
23	/		/				73		/				
24	/		/				74		/				
25	/		/				75		/				
26	/		/				76		/				
27	/		/				77		/				
28	/		/				78		/				
29	/		/				79		/				
30	/		/				80		/				
31	/		/				81		/				
32	/		/				82		/				
33	/		/				83		/				
34	/		/				84		/				
35	/		/				85		/				
36	/		/				86		/				
37	/		/				87		/				
38	/		/				88		/				
39	/		/				89		/				
40	/		/				90		/				
41	/		/				91		/				
42	/		/				92		/				
43	/		/				93		/				
44	/		/				94		/				
45	/		/				95		/				
46	/		/				96		/				
47	/		/				97		/				
48	/		/				98		/				
49	/		/				99		/				
50	/		/				100		/				
TOTAL IND.	11		11				TOTAL IND.						
TOTAL DEP.		11		11			TOTAL DEP.						
TOTAL CLAIMS	22		22				TOTAL CLAIMS						